



# 6 hour WEBINAR APPLICATION FORM: FULL-TIME STUDENT DISCOUNT

Email to: [events@delphicentre.com.au](mailto:events@delphicentre.com.au)

In our endeavour to support the quality training of health professionals, we offer a discount for FULL-TIME STUDENTS.

*(Please use clear BLOCK LETTERS)*

Name:.....

Education facility at which I am enrolled:.....

Name of Head of School:.....

Business hours telephone contact for Department:.....

**Criteria:**

*Eligibility applies if ALL of the following reflect your circumstances*

*– This includes combined financial income with a spouse / partner:*

- |   |                          |
|---|--------------------------|
|   | Tick to Confirm          |
| 1. I am currently enrolled as a <u>full-time</u> student <b>and</b>   | <input type="checkbox"/> |
| 2. My / our <b>combined gross annual income</b> is less than \$25,000.00 <b>and</b>   | <input type="checkbox"/> |
| 3. I have attached a copy of documentation (eg. student card, enrolment papers) that <b>identifies</b> me as a <u>full-time student and</u> | <input type="checkbox"/> |
| 4. My registration will be <u>fully self-funded</u> (not by an agency/organization)   | <input type="checkbox"/> |

I understand that I am eligible for the student discount where all the above criteria are accurate with regard to my position and the requested information is provided. I **attach this** to my **completed registration form** with full payment at the **Student Discount Rate** of:

**Registration Fee: \$225**

**IMPORTANT:**

Forwarding this application is an acceptance of the advertised **Terms and Conditions**.

I understand my **tax receipt / confirmation letter** will be emailed to me within 3 business days and that it is my responsibility to contact TAS should I not receive this.

Signed:..... Dated:.....